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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 01017/40451C
Application Number	08/444,791-Conf. #5613	Filed May 19, 1995
For HUMAN TNF RECEPTOR		
Art Unit 1644	Examiner	R. B. Schwadron
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$150	<u>Small Entity Fee</u> \$75
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$280
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,484</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
<u>/Sharon M. Sintich/ Signature</u>		<u>December 22, 2011</u> Date
<u>Sharon M. Sintich Typed or printed name</u>		<u>(312) 474-6300</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: December 22, 2011

Electronic Signature for Sharon M. Sintich: /Sharon M. Sintich/